



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4780718353
Outpatient Patient Service Revenue	\$4062864069
Total Gross Patient Service Revenue	\$8843582422

2. Deductions From Revenue

Contractual Allowance	\$6049539587
Other Deductions	\$-168749885
Total Deductions	\$5880789702

3. Total Operating Revenue

Net Patient Service Revenue	\$2571423959
Other Operating Revenue	\$1164374553
Total Operating Revenue	\$3735798512

4. Operating Expenses

Salaries and Wages	\$1042376957	Employee Benefits	\$224515535
Depreciation and Amortization	\$145844927	Interest Expense	\$42428338
Bad Debt	\$111060124	Other Expenses	\$1640115724
Total Operating Expenses	\$3206341605		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$529474407	Total Assets	\$8744231599
Net Non-operating Gains over Loss	\$-162262262	Total Liabilities	\$8744231599

Total Net Gains	\$367212145
-----------------	-------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$3068999733	\$2422668370	\$646331363
Medicaid	\$2433920547	\$1862367011	\$571553536
Other Government	\$129758119	\$101958069	\$27800050
Other State	\$0	\$0	\$0
Other Payers	\$3210904289	\$1604856316	\$1606047973
Total	\$8843582688	\$5991849766	\$2851732922

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$13536304	\$-13536304

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$10000000	\$-10000000

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$96978510	\$-96978510
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	601
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	14142

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$149144268
--------------------------	-------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$50932674	
HCI Payments	\$0		
Subtotal	\$0	\$50932674	\$-50932674
Medicaid Shortfalls	\$561577289	\$898530781	
Subtotal	\$561577289	\$949463455	\$-387886166
DSH Payments	\$0		
Subtotal	\$561577289	\$949463455	\$-387886166
Medicare Shortfalls	\$422490668	\$462397906	
Other Government Programs	\$0	\$0	
Total	\$984067957	\$1411861361	\$-427793404

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12489997	\$-12489997
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//